

<i>SERFF Tracking Number:</i>	<i>UNSA-126837143</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>USAA Direct Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47038</i>
<i>Company Tracking Number:</i>	<i>AR1013293</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Level Term - Home Event Simplified Life Insurance (HESLI)</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: USAA Direct Life Insurance Company

Product Name: Level Term - Home Event SERFF Tr Num: UNSA-126837143 State: Arkansas
Simplified Life Insurance (HESLI)

TOI: L04I Individual Life - Term SERFF Status: Closed-Approved- State Tr Num: 47038
Closed

Sub-TOI: L04I.103 Renewable - Single Life - Co Tr Num: AR1013293 State Status: Approved-Closed
Fixed/Indeterminate Premium

Filing Type: Form Reviewer(s): Linda Bird
Authors: Betty Drzymalla, Brian Disposition Date: 10/18/2010
Jenkins, Susan Markey
Date Submitted: 10/12/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 10/18/2010	Explanation for Other Group Market Type:
	State Status Changed: 10/18/2010
Deemer Date:	Created By: Brian Jenkins
Submitted By: Brian Jenkins	Corresponding Filing Tracking Number:

Filing Description:
We are filing for your review the attached forms in 47 locations, including our domicile state of Nebraska. These forms will be modified only to meet respective state requirements. We plan to begin marketing this product upon approval.

The Renewable and Convertible Level Term Life Insurance is an individual, single life, renewable and convertible term policy that will be used with the applications provided in this filing and any relevant forms approved in the future. These

SERFF Tracking Number: UNSA-126837143 State: Arkansas

Filing Company: USAA Direct Life Insurance Company State Tracking Number: 47038

Company Tracking Number: AR1013293

TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Level Term - Home Event Simplified Life Insurance (HESLI)

Project Name/Number: /

policy forms will be delivered through the internet using an electronic signature or may also be delivered by paper mail.
This is not an illustrated policy.

Company and Contact

Filing Contact Information

Brian Jenkins, Compliance Analyst
9800 Fredericksburg Road
A-3-W, Operations Compliance 00581
San Antonio, TX 78288

Brian.Jenkins@usaa.com
800-531-8000 [Phone]
210-913-6487 [FAX]

Filing Company Information

USAA Direct Life Insurance Company
1111 North 102nd Court
Suite 288
Omaha, NE 68114
(800) 531-8722 ext. [Phone]

CoCode: 72613
Group Code: 200
Group Name:
FEIN Number: 86-0225077

State of Domicile: Nebraska
Company Type: Life
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$250.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
USAA Direct Life Insurance Company	\$250.00	10/12/2010	40633505

SERFF Tracking Number: UNSA-126837143 State: Arkansas
Filing Company: USAA Direct Life Insurance Company State Tracking Number: 47038
Company Tracking Number: AR1013293
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Level Term - Home Event Simplified Life Insurance (HESLI)
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	10/18/2010	10/18/2010

<i>SERFF Tracking Number:</i>	<i>UNSA-126837143</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>USAA Direct Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47038</i>
<i>Company Tracking Number:</i>	<i>AR1013293</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Level Term - Home Event Simplified Life Insurance (HESLI)</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 10/18/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UNSA-126837143 State: Arkansas

Filing Company: USAA Direct Life Insurance Company State Tracking Number: 47038

Company Tracking Number: AR1013293

TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Level Term - Home Event Simplified Life Insurance (HESLI)

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Other Cash Value Demonstration		Yes
Form	Renewable and Convertible Level Term Life Insurance		Yes
Form	Term Life Insurance Application		Yes
Form	Health and Personal Information Questionnaire		Yes
Form	Application for Life Insurance Policy Change		Yes
Form	Request for Amendment of Application		Yes

SERFF Tracking Number: UNSA-126837143 State: Arkansas

Filing Company: USAA Direct Life Insurance Company State Tracking Number: 47038

Company Tracking Number: AR1013293

TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Level Term - Home Event Simplified Life Insurance (HESLI)

Project Name/Number: /

Form Schedule

Lead Form Number: DRC94541AR 09-10

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	DRC94541AR 09-10	Policy/Cont Renewable and ract/Fratern Convertible Level al Term Life Insurance Certificate	Initial		42.000	DRC94541AR 09-10.pdf
	DAP94299ST 07-10	Application/Term Life Insurance Enrollment Application Form	Initial		42.000	DRC94299ST 07-10.pdf
	DAP94330ST 07-10	Application/Health and Personal Enrollment Information Form Questionnaire	Initial		42.000	DAP94330ST 07-10.pdf
	DAP94348ST 07-10	Application/Application for Life Enrollment Insurance Policy Form Change	Initial		42.000	DAP94348ST 07-10.pdf
	DAP94345OS 07-10	Application/Request for Enrollment Amendment of Form Application	Initial		42.000	DAP94345OS 07-10.pdf



USAA Direct Life Insurance Company
Service Center
9800 Fredericksburg Road
San Antonio, TX 78288

This notice is to advise you that should any questions arise regarding this insurance, you may contact the following:

ARKANSAS INSURANCE DEPARTMENT
Consumer Service Department
1200 West Third
Little Rock, Arkansas 72201
Telephone (501) 371-1813
(800) 852-5494

USAA LIFE INSURANCE COMPANY
Customer Service Department
9800 Fredericksburg Road
San Antonio, Texas 78288
Telephone: (800)531-USAA (8122)

USAA DIRECT LIFE INSURANCE COMPANY

(A Stock Company)

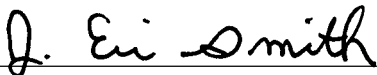
RENEWABLE AND CONVERTIBLE LEVEL TERM LIFE INSURANCE

This policy is issued in consideration of the application and payment of premiums as provided.

While this policy is in effect and the Insured dies before the Expiration Date, We will pay the death benefit. Any payment will be made subject to this policy's provisions.

This life insurance policy is a legal contract between the Owner and the Company. **READ YOUR POLICY CAREFULLY.** Its terms are contained on this page and those which follow. **See the INDEX on Page 1A and DEFINITIONS on Page 4.**

Signed for the Company.


J. Eric Smith
President


Christopher P. Laia
Secretary

RIGHT TO CANCEL POLICY. If You decide not to keep this policy, return it within thirty (30)* days after You receive it. You may return it to any of Our representatives or You may mail it to Us. The return of this policy will void it from the beginning. After We receive the policy, We will refund the premium paid without interest.

* A longer period may be required by law in some situations. The exact number of days is shown in the Free Look Period on the **POLICY INFORMATION** page.

NOTICE TO OWNER:

If You have questions or need information about this policy or if You need assistance in resolving a complaint, please call Us at 1-800-531-USAA (8722).

Premiums are payable in advance while the Insured is alive and until the Expiration Date.

Renewable until the Expiration Date shown on the POLICY INFORMATION page. Each renewal premium will not be more than the Total Annual Premium shown in the SCHEDULE OF PREMIUMS FOR THE INITIAL TERM AND THE RENEWAL TERMS.

Convertible until the Conversion Option Expiration Date.

Nonparticipating: Dividends are not payable.

USAA Direct Life Insurance Company ■ 1111 North 102nd Court, Suite 228, Omaha, NE 68114
1-800-531-USAA (8722) ■ Fax 1-877-435-7099 ■ usaa.com

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Any endorsements, restrictions, riders, or additional benefits follow Page 11.

POLICY INFORMATION
CONTRACT DATA

USAA NUMBER	[1234567]
CONTRACT NUMBER	[X1234567]
EFFECTIVE DATE	[July 15, 2010]
FACE AMOUNT	[100,000]
INITIAL TERM	[10] YEARS
CONVERSION CREDIT	[50% of first-year premium for this policy]
CONVERSION CREDIT EXPIRATION DATE	[July 15, 2014]
CONVERSION OPTION EXPIRATION DATE	[July 15, 2017]
EXPIRATION DATE	[July 15, 2070]
FREE LOOK PERIOD	[31] DAYS
ISSUE AGE	[35]
GENDER	[Male]
INITIAL PREMIUM	[175.00]
INSURED	[John Doe]
OWNER	[John Doe]

(OWNER INFORMATION IS SUBJECT TO ANY CHANGE SUBMITTED AND ON RECORD.)

POLICY INFORMATION (Cont'd)
PREMIUM SCHEDULE

USAA NUMBER - [1234567]

CONTRACT NUMBER - [X1234567]

PREMIUM FREQUENCY	MONTHLY (Automatic Payment) Plan	QUARTERLY	SEMI-ANNUAL	ANNUAL
PREMIUM	[14.57]	[46.37]	[91.00]	[175.00]

PLEASE NOTE: If you pay annually (one payment per year) or monthly (twelve payments per year), you are paying the lowest premium. Monthly payments have the added convenience of automatic payments. **You will pay more by paying quarterly or semi-annually.** In order to obtain the monthly premium, multiply the annual premium by [0.08333]. In order to obtain the quarterly premium, multiply the annual premium by [0.26500]. In order to obtain the semi-annual premium, multiply the annual premium by [0.52000].

FORM NUMBERS	BENEFITS	FACE AMOUNT	YEARS GUARANTEED
DRC94541AR 09-10	¹ Renewable & Convertible Level Term	[100,000]	[10]

¹ THIS COVERAGE IS IN A [PREFERRED] PREMIUM CLASS

POLICY INFORMATION (Cont'd)

USAA NUMBER - [1234567]

CONTRACT NUMBER - [x1234567]

SCHEDULE OF PREMIUMS FOR THE INITIAL TERM AND THE RENEWAL TERMS

POLICY YEAR BEGINNING	FACE AMOUNT	BASIC ANNUAL PREMIUM	[RIDER PREMIUM]	TOTAL ANNUAL PREMIUM
[07-15-2010]	[100,000]	[175.00]		[175.00]
[07-15-2011]	[100,000]	[175.00]		[175.00]
[07-15-2012]	[100,000]	[175.00]		[175.00]
[07-15-2013]	[100,000]	[175.00]		[175.00]
[07-15-2014]	[100,000]	[175.00]		[175.00]
[07-15-2015]	[100,000]	[175.00]		[175.00]
[07-15-2016]	[100,000]	[175.00]		[175.00]
[07-15-2017]	[100,000]	[175.00]		[175.00]
[07-15-2018]	[100,000]	[175.00]		[175.00]
[07-15-2019]	[100,000]	[175.00]		[175.00]
[07-15-2020]	[100,000]	[974.00]		[974.00]
[07-15-2021]	[100,000]	[1,060.00]		[1,060.00]
[07-15-2022]	[100,000]	[1,157.00]		[1,157.00]
[07-15-2023]	[100,000]	[1,262.00]		[1,262.00]
[07-15-2024]	[100,000]	[1,378.00]		[1,378.00]
[07-15-2025]	[100,000]	[1,504.00]		[1,504.00]
[07-15-2026]	[100,000]	[1,642.00]		[1,642.00]
[07-15-2027]	[100,000]	[1,793.00]		[1,793.00]
[07-15-2028]	[100,000]	[1,958.00]		[1,958.00]
[07-15-2029]	[100,000]	[2,139.00]		[2,139.00]
[07-15-2030]	[100,000]	[2,338.00]		[2,338.00]
[07-15-2031]	[100,000]	[2,557.00]		[2,557.00]
[07-15-2032]	[100,000]	[2,793.00]		[2,793.00]
[07-15-2033]	[100,000]	[3,055.00]		[3,055.00]
[07-15-2034]	[100,000]	[3,341.00]		[3,341.00]
[07-15-2035]	[100,000]	[3,652.00]		[3,652.00]
[07-15-2036]	[100,000]	[3,995.00]		[3,995.00]
[07-15-2037]	[100,000]	[4,371.00]		[4,371.00]
[07-15-2038]	[100,000]	[4,781.00]		[4,781.00]
[07-15-2039]	[100,000]	[5,232.00]		[5,232.00]
[07-15-2040]	[100,000]	[5,723.00]		[5,723.00]
[07-15-2041]	[100,000]	[6,262.00]		[6,262.00]
[07-15-2042]	[100,000]	[6,854.00]		[6,854.00]
[07-15-2043]	[100,000]	[7,500.00]		[7,500.00]
[07-15-2044]	[100,000]	[8,209.00]		[8,209.00]
[07-15-2045]	[100,000]	[8,984.00]		[8,984.00]
[07-15-2046]	[100,000]	[9,833.00]		[9,833.00]
[07-15-2047]	[100,000]	[10,762.00]		[10,762.00]

POLICY YEAR BEGINNING	FACE AMOUNT	BASIC ANNUAL PREMIUM	[RIDER PREMIUM]	TOTAL ANNUAL PREMIUM
[07-15-2048]	[100,000]	[11,779.00]		[11,779.00]
[07-15-2049]	[100,000]	[12,895.00]		[12,895.00]
[07-15-2050]	[100,000]	[14,253.00]		[14,253.00]
[07-15-2051]	[100,000]	[15,737.00]		[15,737.00]
[07-15-2052]	[100,000]	[17,365.00]		[17,365.00]
[07-15-2053]	[100,000]	[19,146.00]		[19,146.00]
[07-15-2054]	[100,000]	[21,097.00]		[21,097.00]
[07-15-2055]	[100,000]	[23,233.00]		[23,233.00]
[07-15-2056]	[100,000]	[25,573.00]		[25,573.00]
[07-15-2057]	[100,000]	[28,133.00]		[28,133.00]
[07-15-2058]	[100,000]	[30,938.00]		[30,938.00]
[07-15-2059]	[100,000]	[34,011.00]		[34,011.00]
[07-15-2060]	[100,000]	[37,374.00]		[37,374.00]
[07-15-2061]	[100,000]	[41,058.00]		[41,058.00]
[07-15-2062]	[100,000]	[45,091.00]		[45,091.00]
[07-15-2063]	[100,000]	[49,509.00]		[49,509.00]
[07-15-2064]	[100,000]	[54,345.00]		[54,345.00]
[07-15-2065]	[100,000]	[59,643.00]		[59,643.00]
[07-15-2066]	[100,000]	[65,411.00]		[65,411.00]
[07-15-2067]	[100,000]	[71,792.00]		[71,792.00]
[07-15-2068]	[100,000]	[78,748.00]		[78,748.00]
[07-15-2069]	[100,000]	[86,363.00]		[86,363.00]

A [\$50.00] policy fee is included in the basic and total annual premium shown in the table above. *The total annual premium includes the cost of all coverages, including applicable riders. The total annual premium payable will be adjusted accordingly if the premium for a benefit changes or is no longer payable.

DEFINITIONS

Affiliate	An insurance company related by common ownership or affiliated by corporate control to Us and licensed in Your state to sell insurance products.
Age	The Insured's age on his or her last birthday.
Contingent Beneficiary	The person(s) named in the application or in the most recent change on record to receive the death benefit if the Primary Beneficiary is not alive at the Insured's death.
Effective Date	The Effective Date is shown on the POLICY INFORMATION page. It is the date on which coverage starts. Premium due dates, policy months, years, and anniversaries are measured from this date.
Expiration Date	The Expiration Date is shown on the POLICY INFORMATION page. It is the date on which coverage is no longer in effect. No further renewal term period is possible after this date.
Face Amount	The amount of term life insurance coverage in effect and which is shown on the POLICY INFORMATION page.
Formal Request	A request formally delivered to Us and received by Us. That request must be executed and delivered in a format reasonably satisfactory to Us or provided by Us. A Formal Request could be an application or form submitted to Us for review.
Initial Premium	This is the first full premium. The Initial Premium is required to issue the policy.
Initial Term	The Initial Term begins on the Effective Date and is shown on the POLICY INFORMATION page. The policy terminates on the policy anniversary following the Initial Term unless it is renewed for a Renewal Term.
Insured	The person whose life is insured under this policy and who is shown on the POLICY INFORMATION page.
Owner	The person(s) named in the application or in the most recent change on record entitled to ownership rights stated in this policy.
Primary Beneficiary	The person(s) named in the application or in the most recent change on record to receive the death benefit.
Payee	A person who receives payments under this policy. This person could be a Primary or Contingent Beneficiary or someone designated to receive payment by the Primary or Contingent Beneficiary or the recipient of the death benefit.
Service Center	USAA Direct Life Insurance Company 9800 Fredericksburg Road San Antonio, TX 78288 1-800-531-USAA (8722)
Successor Owner	The person(s) named in the most recent change on record to become the Owner of this policy if the Owner dies before the Insured.
We, Our, Us, Company	USAA Direct Life Insurance Company
You, Your	The Owner.

GENERAL PROVISIONS

Choice of Law	This policy will be governed by the laws of the state in which it is delivered.
Entire Contract	<p>The entire contract consists of:</p> <ol style="list-style-type: none">1. This policy; and2. Any application, (including a Formal Request for reinstatement or Formal Request for conversion) amendment, rider, endorsement, or revised POLICY INFORMATION page(s) which are attached or delivered via Your preferred delivery method. <p>Only an officer of the Company can agree to change or waive any provisions, which are part of the entire contract. The change or waiver must be in writing.</p>
Health of Insured	No insurance under this policy will take effect unless the statement of health and insurability of the Insured continues to be as represented in the application when the policy is delivered and the Initial Premium paid.
Incontestability	<p>We will not contest this policy based on statements made in an application after this policy has been in effect during the Insured's lifetime for two (2) years from the Effective Date. We can contest its validity at any time for fraud or for failure to pay premiums. While this policy is contestable, the Company may rescind the policy or deny a claim based on a material misstatement in the application.</p> <p>A new period of contestability will apply if reinstatement occurs or additional coverage is added. Except for fraud, We will not contest this policy based on statements made in the Formal Request for reinstatement or for additional coverage, after this policy has been in effect during the Insured's lifetime for two (2) years from the effective date of reinstatement or two (2) years from the effective date of the additional coverage.</p> <p>This Incontestability provision applies to any rider unless that rider has its own Incontestability provision, in which case the rider's provision will apply.</p>
Misstatement of Birth Date or Gender	If the Insured's birth date or gender has been misstated, We will adjust the death benefit to what the premiums paid would have purchased based on the correct birth date or gender.
Notification of Death	<p>The death of any Owner, Insured, or Payee must be reported to Us immediately. We are entitled to recover any overpayments made because of a failure to notify Us of any such death.</p> <p>We are not responsible for any incorrect payments, which result from a failure to immediately notify Us of any such death. We may require proof that the Owner or Insured, or any other person to whom payment is due, is still alive. We may withhold any payments until We receive such proof.</p>
Payments	All payments made by Us may be made by check, electronic funds transfer, or draft in United States currency. Payments by check will be sent to the recipient's last known address.

GENERAL PROVISIONS (*Cont'd*)

Policy Changes

After We receive and record a Formal Request for a change in Owner, Successor Owner, Primary Beneficiary, Contingent Beneficiary, or Irrevocable Beneficiary, the change will take effect on the date the request was originally executed, even if the Owner who executed the request or the Insured has since died. However, the change will be subject to any payments made or actions taken by Us before the Formal Request for change was received and recorded.

We may require the return of this policy for endorsement or otherwise in the event of a change in the Owner, Successor Owner, Primary Beneficiary, Contingent Beneficiary, Irrevocable Beneficiary, or any other change.

We reserve the right to issue revised **POLICY INFORMATION** pages in the event of any change to this policy.

Protection of Benefits

Only You can assign, encumber, or pledge any benefit paid under this policy. To the extent permitted by law and except to the extent You have assigned this policy, no benefit paid, or to become payable, will be subject to any claim or process of law by any creditor.

Assignment

We will not be responsible for the validity or sufficiency of any assignment. To be binding on Us, an executed assignment must be by Formal Request and consented to by any Irrevocable Beneficiary.

Unless otherwise specified by the Owner, the assignment shall take effect on the date the Formal Request is executed by the Owner, subject to any payments made or actions taken by Us prior to receipt of the Formal Request.

Your rights and any Primary or Contingent Beneficiary's interest will be subject to the assignment. Assignment of the policy may subject You to income and gift tax.

Representations

We will rely on all statements made in an application. We will consider such statements to be representations and not warranties. We will not use any statement in defense of a claim unless that statement is made in an application or Formal Request for reinstatement, which is part of the Entire Contract.

Termination of Policy

Coverage under this policy will end at the earliest of the following events:

1. The Insured dies.
2. The grace period ends without receipt of required payment.
3. The policy is fully converted to a new policy.
4. The Expiration Date.

PREMIUMS

Initial Premium

The Initial Premium is due on the Effective Date and must be paid while the Insured is alive and before any insurance coverage becomes effective. We will issue a receipt upon request.

Subsequent premiums are shown in the **SCHEDULE OF PREMIUMS FOR THE INITIAL TERM AND THE RENEWAL TERMS** on the **POLICY INFORMATION** page.

PREMIUMS (Cont'd)

Premium Payments

All premium payments:

1. Must be paid on or before the premium due date.
2. Must be made at the Service Center or any administrative office that We maintain.
3. Must be in the currency of the United States of America.
4. May be made by electronic funds transfer to Us, or any other method We accept.

We will issue a receipt upon request.

If the check or other instrument provided for payment of the Initial Premium is not honored, this policy will be deemed void from the beginning. After successful payment of the Initial Premium, an electronic funds transfer, check, or other instrument provided for payment of any premium, which is not honored, will not be considered a payment.

Premium Frequency

Premiums must be paid at monthly, quarterly, semi-annual, or annual intervals from the Effective Date. You may change the premium frequency by contacting Us at the Service Center.

Renewal Term

After the Initial Term, You may renew this policy for additional term periods until the Expiration Date. You must pay the required premium before the beginning of each renewal term period. **Evidence of insurability is not required to renew this policy.**

Grace Period

There is a thirty-one (31) day grace period after the premium due date to pay each premium after the Initial Premium. The policy remains in effect during any grace period, unless terminated under another policy provision. If the Insured dies during a grace period, We will deduct the unpaid premium from the death benefit.

If a premium is not paid by the end of the grace period, the policy will terminate as of the premium due date. As used here, "premium" means the premium actually billed in the premium due notice.

REINSTATEMENT

Reinstatement Requirements

Reinstatement means to put this policy's coverage back into effect. If this policy terminates as provided in the **Grace Period** provision, it may be reinstated within three (3) years from the due date of the first unpaid premium.

For the life insured under this policy and any attached rider:

1. We will require a Formal Request for reinstatement; and
2. We will require evidence satisfactory to Us at the time of the Formal Request for reinstatement that the Insured is insurable at the Premium Class shown on the **POLICY INFORMATION** page; and
3. We will require payment of all unpaid premiums with interest from their due dates at 6% compounded annually.

Reinstatement Effective Date

The effective date of reinstatement will be the later of:

1. The date We approve the Formal Request for reinstatement; or
2. The date We receive any required payment.

When the reinstatement becomes effective, We will send you a copy of the Formal Request for reinstatement showing the Effective Date of reinstatement and a copy of any application, which may have been required as evidence of insurability.

OWNERSHIP

Ownership Succession

If You die before the Insured, ownership of this policy will pass to the person(s) living on the date of Your death in the order which follows:

1. Surviving Joint Owner, if any;
2. Successor Owner, if any; or
3. Estate of the last Owner to die, if no Joint Owner or Successor Owner is living.

If more than one natural person succeeds to the ownership rights of this policy, then such persons will own this policy as Joint Owners. Any instructions or designations of the prior Owner will continue unless changed in accordance with this policy by the subsequent Owner.

If any subsequent Owner dies at the same time as the Owner or within five (5) days after the death of the Owner, ownership of this policy will pass as if the Owner had survived such subsequent Owner.

Ownership Rights

While the Insured is alive, You may:

1. Exercise any of the rights under this policy.
2. Assign this policy.
3. Subject to Our agreement, change or amend this policy.

Change of Owner

While the Insured is alive, You may transfer ownership of this policy by Formal Request, subject to any applicable legal restrictions. A change in ownership will revoke any earlier choice of Successor Owner. A change in ownership may subject You to income and gift tax.

Joint Owners

You may change ownership to joint ownership. Two natural persons may be named as Joint Owners. They will own this policy as joint tenants with rights of survivorship. While both are alive, each must consent to any Formal Request made under this policy.

BENEFICIARY

Change of Beneficiary

While the Insured is alive, You may change the Primary Beneficiary or any Contingent Beneficiary by Formal Request. A Primary Beneficiary named irrevocably must give formal consent to any such change.

Unless otherwise specified by the Owner, the beneficiary change shall take effect on the date the Formal Request is executed by the Owner, subject to any payments made or actions taken by Us prior to receipt of the Formal Request.

Irrevocable Beneficiary

Any Primary Beneficiary may be named an Irrevocable Beneficiary. The consent of any Irrevocable Beneficiary is needed to exercise any ownership right except to change the frequency of premium payment or to reinstate this policy.

Payment to Beneficiary

Before making any payment, We may require evidence as to the identity, birth date, and other facts about any person or class designated as the Primary or Contingent Beneficiary. We are entitled to make payments based on that evidence.

CONVERSION

New Policy

You may fully or partially convert this policy's face amount for a new policy on the life of the Insured at the beginning of the second policy year until the Conversion Option Expiration Date shown on the **POLICY INFORMATION** page.

If You partially convert this policy, the amount of insurance remaining in this policy may not be less than the required minimum face amount for this plan. We will send You new **POLICY INFORMATION PAGES**, which will include a revised Premium Schedule.

In order to convert, We will require:

1. Your Formal Request for conversion;
2. That the Insured be alive on the date of that Formal Request;
3. That this policy be in effect on the date of the Formal Request;
4. Formal consent to convert from any assignee and any Irrevocable Beneficiary; and
5. Payment of any required premium.

Any new policy:

1. May not insure more than one life.
2. Must be on a plan being offered by an Affiliate or Us for this purpose on the date of conversion.
3. Will have the same restrictions as this policy and any attached riders.
4. Will be issued and effective as of the date of the Formal Request for conversion.

The amount of insurance for any new policy will not be:

1. Less than the minimum required for the plan selected. (At least one plan will always be available for conversion from an Affiliate or Us.)
2. More than the Face Amount in effect on this policy on the date of conversion less the amount of insurance, if any, remaining on this policy after conversion.

The premium rate on any new policy will be based on:

1. The Insured's premium class for this policy or the equivalent premium class available at the time of the Formal Request for conversion.
2. The Insured's Age on the date of the Formal Request for conversion.
3. Our premium rates in effect on the effective date of that policy.

New Policy with Rider(s)

If the new policy will include any rider(s) available under that new policy, such rider will be subject to evidence of insurability satisfactory to Us.

In no case will the new policy include a rider which provides benefits for disability if:

1. The Insured is disabled on the date of the Formal Request for conversion.
2. The Insured's Age on the new effective date is more than the maximum issue Age allowed under the applicable rider.

Conversion Credit

If You convert this policy before the Conversion Credit Expiration Date, We will provide a credit to the first year's premium for the new policy. The Conversion Credit is shown on the **POLICY INFORMATION** page. The credit will be the same for all policy Owners converting at that time.

Suicide and Incontestability

Any new policy's provisions for suicide and incontestability will have the same effective date as those provisions have in this policy. However, if the new policy contains any new benefits provided by rider, any provisions for suicide and incontestability in such new rider will start on that rider's effective date.

DEATH BENEFIT

Death Benefit

While this policy is in effect and the Insured dies before the Expiration Date, We will pay the death benefit.

Payment of Death Benefit

Payment of the death benefit will be made at Our Service Center. We will require:

1. That death occur while this policy is in effect and before the Expiration Date;
2. Proof of the Insured's death in a format We accept; and
3. A Formal Request for the death benefit.

The death benefit to be paid at the Insured's death will be:

1. The Face Amount in effect on the date of death; plus
2. Any additional benefit provided by rider; plus
3. Any interest on the death benefit required by state law; plus
4. The portion of any premium paid beyond the Insured's month of death, unless the premium was waived; less
5. The unpaid premium from its due date to the end of the grace period if death occurs within the grace period.

Subject to any assignment, any death benefit due will be paid to the next person living on the date of death in the order which follows:

1. The Primary Beneficiary.
2. Any Contingent Beneficiary.
3. The Owner or the Owner's estate if the Owner is no longer living.

Unless otherwise provided, if any person entitled to receive a death benefit dies at the same time as the Insured or within five (5) days after the death of the Insured, the death benefit will be paid as if the Insured had survived such person.

Suicide Exclusion

If the Insured dies by suicide, while sane or insane, within **two (2) years** from the Effective Date of the policy, We will pay a reduced death benefit equal to:

1. The premiums paid for benefits on the Insured's life; less
2. The premiums paid for benefits on any person other than the Insured, unless otherwise provided in any rider attached to this policy.

This policy must be in effect on the date of the Insured's suicide.

Missouri Suicide Exclusion

If this policy is delivered in Missouri and the Insured dies by suicide, while sane or insane, within **one (1) year** from the Effective Date of the policy or from the Effective Date of the last reinstatement, if any, We will pay a reduced death benefit equal to:

1. The premiums paid for benefits on the Insured's life; less
2. The premiums paid for benefits on any person other than the Insured, unless otherwise provided in any rider attached to this policy.

This policy must be in effect on the date of the Insured's suicide.

Minor Beneficiary

Unless otherwise provided, if any Beneficiary is a minor at the time the death benefit is to be paid, We may make any payment due to the minor Beneficiary to a parent, or any relative by blood or connection by marriage of the Insured, or to any other person who shows proof acceptable to Us to have responsibility for the minor Beneficiary.

We will make any such payment to the person as the custodian for the minor Beneficiary under the Nebraska Uniform Transfers to Minors Act.

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USAA Direct Life Insurance Company
Service Center
9800 Fredericksburg Road
San Antonio, TX 78288

RENEWABLE AND CONVERTIBLE LEVEL TERM LIFE INSURANCE

NOTICE TO OWNER:

If You have questions or need information about this policy or if You need assistance in resolving a complaint, please call Us at 1-800-531-USAA (8722).

While this policy is in effect and the Insured dies before the Expiration Date, We will pay the death benefit. Any payment will be made subject to this policy's provisions.

Premiums are payable in advance while the Insured is alive and until the Expiration Date.

Renewable until the Expiration Date shown on the POLICY INFORMATION page. Each renewal premium will not be more than the Total Annual Premium shown in the SCHEDULE OF PREMIUMS FOR THE INITIAL TERM AND THE RENEWAL TERMS.

Convertible through the Conversion Option Expiration Date.

Nonparticipating: Dividends are not payable.

USAA Direct Life Insurance Company ■ 1111 North 102nd Court, Suite 228, Omaha, NE 68114
1-800-531-USAA (8722) ■ Fax 1-877-435-7099 ■ usaa.com



Service Center
[9800 Fredericksburg Road
San Antonio, Texas 78288]

Term Life Insurance Application

IMPORTANT INFORMATION. Federal law requires us to obtain, verify and record your name, address, date of birth and other information that will allow us to identify you when you open an account and in certain other circumstances.

Product

	\$	
Insurance Product Name		Insurance Amount

Personal Information

Owner/Insured/Payor

USAA Number	Social Security Number	Date of Birth (mm/dd/yyyy)
-------------	------------------------	----------------------------

Name

Mailing Address

Physical/Residence Address

Residence Phone Number (include area code)	E-mail Address
--	----------------

Occupation	\$ Annual Income
------------	---------------------

Branch of Service	Rank	Military Status
-------------------	------	-----------------

☐ Female ☐ Male

Gender	State of Birth	Driver's License Number	State of Issue
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Are you a U.S. citizen? ☐ Yes ☐ No

If "No", are you a Permanent Legal Resident ("green card")? ☐ Yes ☐ No

If "Yes", what is your Alien Registration Number? _____

What is your Country of Citizenship? _____

Existing Insurance/Replacement

Do you own any life insurance or annuity contracts? _____

Is this application for insurance intended to replace,
discontinue or change any life insurance or annuities? _____

USAA Direct Life Insurance Company [1111 North 102nd Court, Suite 228, Omaha, NE 68114
1-800-531-USAA (8722) ▪ Fax 1-877-435-7099 ▪ usaa.com]

Beneficiary Information

Primary Beneficiary Name (If trust, provide name of trust.)	Social Security Number (or Tax ID Number)	Date of Birth (mm/dd/yyyy) (If trust, provide date of inception.)	Relationship to Insured
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Contingent Beneficiary Name (If trust, provide name of trust.)	Social Security Number (or Tax ID Number)	Date of Birth (mm/dd/yyyy)	Relationship to Insured
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Attach an additional sheet of paper if more space is needed.

Payment Information

I understand that I will pay a monthly premium amount of \$_____ for the first ____ years and that my premium will increase should I decide to extend the policy beyond the initial ____ year period. I understand that my initial premium payment will be automatically drawn from an account which I designate.

Read and Sign

Effective Date of Coverage: I agree that no insurance coverage will take effect prior to delivery of the policy to the Owner and then only if all of the following conditions have been met:

- (1) The information stated in this application and in additional parts (if applicable) is correct, and the company is immediately notified in writing of any changes; and
- (2) The company has received the first full premium payment while I am alive.

If the above conditions have been met, coverage under the policy will be effective on the date the policy is delivered to the Owner; provided however, that if a later effective date has been requested, coverage under the policy will be effective on that later date.

I understand that any insurance coverage issued will be subject to the suicide and incontestability provisions of the policy. These provisions begin on the effective date.

Insurance Fraud Warning

Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Ohio, Rhode Island, West Virginia:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Maine, Tennessee, Washington:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Insurance Fraud Warning
(continued)**

Florida:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky, Pennsylvania:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

New Jersey:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Oklahoma:

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Authorization: I understand the information obtained by use of this Authorization can be used by USAA Direct Life Insurance Company to determine my eligibility for life insurance or can be used in life insurance studies. I understand that information released pursuant to this Authorization may no longer be protected by federal privacy regulations and could be subject to redisclosure. I understand that although this authorization is voluntary, USAA Direct Life Insurance Company reserves the right to decline to issue the insurance applied for if I refuse to grant this authorization.

I authorize the following persons and organizations to provide information to USAA Direct Life Insurance Company ("USAA Direct Life"): (a) any licensed physician; (b) any medical practitioner; (c) any hospital; (d) any insurance company; (e) any clinic, Veteran's Administration clinic, or medically-related facility; (f) Medical Information Bureau (MIB); (g) any psychiatrist or psychologist; (h) any health facility; (i) any consumer reporting agency (j) any prescription drug databases; (k) any agency or entity that possess motor vehicle/driving records. For purposes of this Authorization, "information" means any records or knowledge concerning any insured's health or mental condition, general character and driving record.

This includes the release of the entire medical record of any Insured including all information about AIDS, HIV, drugs, alcoholism, or mental illness. This Authorization overrides any existing agreement to restrict information pursuant to federal regulation 45 CFR 164.522.

I further authorize a consumer reporting agency to make an investigative report on me if it is requested by USAA Direct Life and expect to be interviewed if a report is prepared.

I authorize the above listed sources to provide records or knowledge to any agency employed by USAA Direct Life to collect and transmit such information. A reproduction of this Authorization shall be as valid as the original. I agree this Authorization shall be valid for twenty-four (24) months from the date signed, and upon request I or my authorized representative can receive a copy of this Authorization. I understand that I may revoke this Authorization by sending a written request to USAA Direct Life. A revocation does not affect any action taken by USAA Direct Life in reliance on the authorization prior to the revocation, nor does it have any effect on any right of contestability under the policy.

I have read and understand this authorization. I have received, read and understand the enclosed Notice of Privacy and Disclosure Practices.

Acknowledgement: I have read the questions and answers in this application. I represent that all statements and answers provided in this application and as part of the application process are true, complete and correctly recorded and will be relied upon by USAA Direct Life Insurance Company to form the basis of any policy which may be issued. I agree that a copy of this application, if approved, will be a part of any policy issued.

X

Signature of Owner/Insured/Payor

Date (mm/dd/yyyy)

Licensed Agent Statement

To the best of your knowledge:

Does the Owner/Insured/Payor own any life insurance or annuity contracts?

☐ Yes ☐ No

Is this policy being applied for going to replace or change any other life insurance or annuity contract?

☐ Yes ☐ No

I used only sales material supplied by USAA Direct Life Insurance Company. I gave a copy of all sales material to the applicant and am submitting copies to the company.

This is to certify that I have truly and accurately recorded on the application form the information provided by the applicant or their representative.

X

Signature of Agent

Date (mm/dd/yyyy)

X

Name of Agent

Agent License # for Owner's State (if required)



USAA Direct Life Insurance Company
Service Center
[9800 Fredericksburg Road
San Antonio, Texas 78288]

Health and Personal Information Questionnaire

This questionnaire is part of your application.

Proposed Insured's Name _____

USAA Number _____

Contract Number _____

Medical Information (This section must be completed to acquire life insurance.)

Medical Questionnaire

1. Have you used tobacco or a substitute in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. What is your current height and weight? _____ Feet _____ Inches _____ Pounds	
3. In the past 12 months, have you experienced a weight loss of more than 10 pounds that was not due to intentional diet or exercise or due to childbirth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been diagnosed with or received treatment for any of the following:	
a. Any Disease or Disorder of the Heart, including Coronary Artery Disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Peripheral Vascular Disease, Aneurysm or other Blood Vessel Disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Cancer (other than Basal Cell Carcinoma)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Diabetes or Impaired Glucose Tolerance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Hepatitis C, Chronic Hepatitis B or Cirrhosis of the Liver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Chronic Kidney Disease or Disorder (excluding Kidney Stones)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Pancreas Disease, Ulcerative Colitis or Crohn's Disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Emphysema, Chronic Obstructive Pulmonary Disease (COPD) or Cystic Fibrosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Major Depression, Bipolar Disorder, Schizophrenia, Psychosis or Suicide Attempt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Blood Clotting Disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. Multiple Sclerosis (MS), Amyotrophic Lateral Sclerosis (ALS), Lupus or other Autoimmune System Disease or Disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. Parkinson's Disease, Stroke or Transient Ischemic Attack (TIA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you been diagnosed with AIDS, AIDS Related Complex (ARC) or have you ever had a positive HIV test?	<input type="checkbox"/> Yes <input type="checkbox"/> No

USAA Direct Life Insurance Company [1111 North 102nd Court, Suite 228, Omaha, NE 68114
1-800-531-USAA (8722) ▪ Fax 1-877-435-7099 ▪ usaa.com]

6. In the past 5 years, have you been admitted to a medical facility due to any of the following:

a. Chest pain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. High Blood Pressure or Hypertension?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Depression or other Psychological, Mental or Nervous Disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Rheumatoid Arthritis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Paralysis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Liver disease or disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Seizures or Epilepsy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Anemia or other Blood Disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Have you ever received treatment, counseling or rehabilitation for alcohol or drug dependence or abuse? ☐ Yes ☐ No

8. Are you currently hospitalized, residing in a nursing home, assisted living facility or other long-term health care facility? ☐ Yes ☐ No

9. Are you currently receiving in-home care from a health care professional? ☐ Yes ☐ No

10. In the past 5 years, have you submitted a claim or received payment for a disability? ☐ Yes ☐ No

11. Have you been advised to have, or are you awaiting results of, non-routine medical tests or procedures? ☐ Yes ☐ No

12. Have you ever been convicted of a felony crime, including felony motor vehicle convictions or is legal action currently pending for any felony arrest? ☐ Yes ☐ No

13. In the next 12 months, do you plan to engage in any of the following:

a. Racing a Motor Vehicle or Watercraft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Rock or Mountain Climbing using ropes, pitons or other safety equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Underwater Diving Deeper Than 100 Feet or Diving in Caves, Under Ice or Within Wrecks or Underwater Diving for Salvage or any other Commercial Purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Skydiving or Parachuting (excluding military operations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Flying an aircraft as a pilot or crew member (excluding military operations and civilian scheduled airline flights)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Acknowledgement: I understand that USAA Direct Life Insurance Company will rely on the above statements in determining the need and justification for the insurance applied for, and I represent that all answers are true and accurate. A reproduction of this statement may be attached to and made part of any insurance policy issued.

X

Signature of Owner/Insured/Payor

Date (mm/dd/yyyy)



[Service Center
9800 Fredericksburg Road
San Antonio, Texas 78288]

Application for Life Insurance Policy Change

(Not to be used for increasing coverage or adding riders)

Step 1. Verify and complete the following information. Make changes to incorrect information directly on this application. Initial each change.

Step 2. Return completed and signed application to USAA Direct Life.

IMPORTANT INFORMATION. Federal law requires us to obtain, verify and record your name, address, date of birth and other information that will allow us to identify you when you open an account and in certain other circumstances.

Personal Information (for the Insured)

USAA Number Social Security Number Date of Birth (mm/dd/yyyy) Contract/Policy Number

Name

Mailing Address

Residence Phone Number (include area code) E-mail Address

Occupation \$ Annual Income

Branch of Service Rank Military Status

☐ Female ☐ Male

Gender State of Birth Driver's License Number State of Issue

Are you a U.S. citizen? ☐ Yes ☐ No

If "No", are you a Permanent Legal Resident ("green card")? ☐ Yes ☐ No

If "Yes", please provide your Alien Registration Number.

What is your Country of Citizenship?

Policy Change (Some features and coverages are not available for all products in all states.)

☐ Premium Review

☐ Reinstatement

Medical Information (This section must be completed to acquire life insurance.)

Medical Questionnaire

1. Have you used tobacco or a substitute in the past 12 months? ☐ Yes ☐ No

2. What is your current height and weight? ____ Feet ____ Inches ____ Pounds

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1-800-531-USAA (8722) ▪ Fax 1-877-435-7099 ▪ usaa.com]

Medical Information (continued)

3. In the past 12 months, have you experienced a weight loss of more than 10 pounds that was not due to intentional diet or exercise or due to childbirth?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been diagnosed with or received treatment for any of the following:		
a. Any Disease or Disorder of the Heart, including Coronary Artery Disease?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Peripheral Vascular Disease, Aneurysm or other Blood Vessel Disease?		<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Cancer (other than Basal Cell Carcinoma)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Diabetes or Impaired Glucose Tolerance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Hepatitis C, Chronic Hepatitis B or Cirrhosis of the Liver?		<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Chronic Kidney Disease or Disorder (excluding Kidney Stones)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Pancreas Disease, Ulcerative Colitis or Crohn's Disease?		<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Emphysema, Chronic Obstructive Pulmonary Disease (COPD) or Cystic Fibrosis?		<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Major Depression, Bipolar Disorder, Schizophrenia, Psychosis or Suicide Attempt?		<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Blood Clotting Disorder?		<input type="checkbox"/> Yes <input type="checkbox"/> No
k. Multiple Sclerosis (MS), Amyotrophic Lateral Sclerosis (ALS), Lupus or other Autoimmune System Disease or Disorder?		<input type="checkbox"/> Yes <input type="checkbox"/> No
l. Parkinson's Disease, Stroke or Transient Ischemic Attack (TIA)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you been diagnosed with AIDS, AIDS Related Complex (ARC) or have you ever had a positive HIV test?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. In the past 5 years, have you been admitted to a medical facility due to any of the following:		
a. Chest pain?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b. High Blood Pressure or Hypertension?		<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Asthma?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Depression or other Psychological, Mental or Nervous Disorder?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Rheumatoid Arthritis?		<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Paralysis?		<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Liver disease or disorder?		<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Seizures or Epilepsy?		<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Anemia or other Blood Disorder?		<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever received treatment, counseling or rehabilitation for alcohol or drug dependence or abuse?		<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you currently hospitalized, residing in a nursing home, assisted living facility or other long- term health care facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you currently receiving in-home care from a health care professional?		<input type="checkbox"/> Yes <input type="checkbox"/> No
10. In the past 5 years, have you submitted a claim or received payment for a disability?		<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have you been advised to have, or are you awaiting results of, non-routine medical tests or procedures?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Medical Information (continued)

12. Have you ever been convicted of a felony crime, including felony motor vehicle convictions or is legal action currently pending for any felony arrest? ☐ Yes ☐ No

13. In the next 12 months, do you plan to engage in any of the following:

a. Racing a Motor Vehicle or Watercraft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Rock or Mountain Climbing using ropes, pitons or other safety equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Underwater Diving Deeper Than 100 Feet or Diving in Caves, Under Ice or Within Wrecks or Underwater Diving for Salvage or any other Commercial Purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Skydiving or Parachuting (excluding military operations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Flying an aircraft as a pilot or crew member (excluding military operations and civilian scheduled airline flights)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Read and Sign

Effective Date of Coverage: I agree that no requested change in coverage will take effect prior to approval by the Company and notification to the Owner and then only if the health and insurability of each person is as stated in this application and in additional parts (if applicable), and the company is immediately notified in writing of any changes.

If the above conditions have been met, the revised coverage under the policy will be effective on the date the Company notifies the initial Owner of approval. I understand that any additional coverage will be subject to the suicide and incontestability provisions of the policy.

Insurance Fraud Warning

Arkansas, Louisiana, New Mexico, Ohio, Rhode Island, West Virginia:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia, Maine, Tennessee, Washington:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Florida:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky, Pennsylvania:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Read and Sign (continued)

Insurance Fraud Warning (continued)

New Jersey:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Oklahoma:

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Authorization: I understand the information obtained by use of this Authorization can be used by USAA Direct Life Insurance Company to determine my eligibility for life insurance or can be used in life insurance studies. I understand that information released pursuant to this Authorization may no longer be protected by federal privacy regulations and could be subject to redisclosure. I understand that although this authorization is voluntary, USAA Direct Life Insurance Company reserves the right to decline to issue the insurance applied for if I refuse to grant this authorization.

I authorize the following persons and organizations to provide information to USAA Direct Life Insurance Company ("USAA Direct Life"): (a) any licensed physician; (b) any medical practitioner; (c) any hospital; (d) any insurance company; (e) any clinic, Veteran's Administration clinic, or medically-related facility; (f) Medical Information Bureau (MIB); (g) any psychiatrist or psychologist; (h) any health facility; (i) any consumer reporting agency (j) any prescription drug databases; (k) any agency or entity that possess motor vehicle/driving records. For purposes of this Authorization, "information" means any records or knowledge concerning any insured's health or mental condition, general character and driving record.

This includes the release of the entire medical record of any Insured including all information about AIDS, HIV, drugs, alcoholism, or mental illness. This Authorization overrides any existing agreement to restrict information pursuant to federal regulation 45 CFR 164.522.

I further authorize a consumer reporting agency to make an investigative report on me if it is requested by USAA Direct Life and expect to be interviewed if a report is prepared.

I authorize the above listed sources to provide records or knowledge to any agency employed by USAA Direct Life to collect and transmit such information. A reproduction of this Authorization shall be as valid as the original. I agree this Authorization shall be valid for twenty-four (24) months from the date signed, and upon request I or my authorized representative can receive a copy of this Authorization. I understand that I may revoke this Authorization by sending a written request to USAA Direct Life. A revocation does not affect any action taken by USAA Direct Life in reliance on the authorization prior to the revocation, nor does it have any effect on any right of contestability under the policy.

I have read and understand this authorization.

Acknowledgment: I have read the questions and answers in this application. I represent that all statements and answers provided in this application and as part of the application process are true, complete and correctly recorded and will be relied upon by USAA Direct Life Insurance Company to form the basis of any changes to the policy. I agree that a copy of this application, if approved, will be attached to the issued policy.

<hr/>	
Printed Name of Insured	
<hr/>	
X	
Signature of Insured	Date (mm/dd/yyyy)
<hr/>	
X	
Signature of Owner (if different than Insured)	Date (mm/dd/yyyy)
<hr/>	

REQUEST FOR AMENDMENT OF APPLICATION

USAA DIRECT LIFE INSURANCE COMPANY

[1111 North 102nd Court, Suite 228, Omaha, NE 68114]

USAA Number _____

Plan of Insurance _____

On Life Of _____

Date of Application _____

It is hereby requested that the above application be amended as follows:

It is agreed that this amendment, if approved, be made a part of the application and subject to the terms thereof; and that the Applicant (Owner), and/or Proposed Insured, shall provide additional evidence of insurability to apply to amendment and application if required by the rules and practices of the Company on the date of said application.

Request for amendment dated this _____ day of _____, _____ .
Year

Signature of Proposed Insured

Signature of Applicant (Owner)
(If Applicant is other than Proposed Insured)

USAA Direct Life Insurance Company [1111 North 102nd Court, Suite 228, Omaha, NE 68114
1-800-531-USAA (8722) ▪ Fax 1-877-435-7099 ▪ usaa.com]

<i>SERFF Tracking Number:</i>	<i>UNSA-126837143</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>USAA Direct Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47038</i>
<i>Company Tracking Number:</i>	<i>AR1013293</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Level Term - Home Event Simplified Life Insurance (HESLI)</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR Certificate of Readability.pdf		
Satisfied - Item: Statement of Variability Comments: Attachment: Final Direct Statement of Variability 9-13-2010 (3).pdf		
Satisfied - Item: Other Cash Value Demonstration Comments: Attachment: Final Other Cash Value Demonstration AR.pdf		

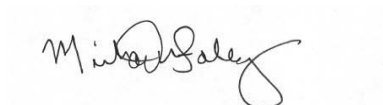
CERTIFICATE OF READABILITY

FORM NAME	FORM NUMBER	FLESH SCORE
Renewable and Convertible Level Term Life Insurance	DRC94541AR 09-10	*42
Term Life Insurance Application	DAP94299ST 07-10	
Health and Personal Information Questionnaire	DAP94330ST 07-10	
Application for Life Insurance Policy Change	DAP94348ST 07-10	
Request for Amendment of Application	DAP94345OS 07-10	

The print is ten point type, one point leaded.

*These forms were scored together.

I certify that to the best of my knowledge and belief, the above referenced forms meet or exceed the readability, legibility, and format requirements of any applicable laws and regulations.



AVP, Insurance Compliance

**USAA Direct Life Insurance Company
Renewable and Convertible Level Term Life Insurance
Statement of Variability**

Form Number: **DRC94541AR 09-10**

Variability Ranges for Policy Information Section

INITIAL TERM [30] YEARS

The bracketed text may be one of the following: 10, 15, 20, 25, or 30.

CONVERSION CREDIT [50%] of first-year premium for this policy

The range for the bracketed text is 25% to 100%.

CONVERSION CREDIT EXPIRATION DATE [July 15, 2014]

The current value is the date on which the 4th policy year ends. The range for the bracketed text is the date on which the 2nd policy year ends to the date on which the INITIAL TERM ends. This value will never exceed the CONVERSION OPTION EXPIRATION DATE.

CONVERSION OPTION EXPIRATION DATE [July 15, 2017]

The current value is the date on which the 7th policy year ends. The range for the bracketed text is the date on which the 2nd policy year ends to the date on which the INITIAL TERM ends.

EXPIRATION DATE [July 15, 2070]

The current value is the policy anniversary date on/after the insured's 95th birthday. The range for the bracketed text is the policy anniversary date on/after the insured's 90th birthday to the policy anniversary date on/after the insured's 100th birthday.

FREE LOOK PERIOD [31]

The range for the bracketed text is 1 to 90. The value used will always meet or exceed the requirements of the state.

POLICY FEE [\$50.00]

The range for the bracketed text is \$25.00 to \$75.00.

PREMIUM CLASS [Preferred]

The bracketed text may be one of the following: Preferred Ultra, Preferred Plus, Preferred, Standard Plus, or Standard.

MODAL FACTOR

MONTHLY MODAL FACTOR [0.08333]

The range for the bracketed text is 0.08333 to 0.09000.

QUARTERLY MODAL FACTOR [0.26000]
The range for the bracketed text is 0.25000 to 0.27000.

SEMI-ANNUAL MODAL FACTOR [0.51200]
The range for the bracketed text is 0.50000 to 0.53000.

A handwritten signature in black ink, appearing to read "Shawn T. Loftus". The signature is fluid and stylized, with the first name "Shawn" written in a cursive-like script and the last name "Loftus" in a more blocky, capital-letter style.

Shawn T. Loftus, FSA, MAAA
VP, Product Pricing
USAA Direct Life Insurance Company

August 13, 2010
Date

USAA DIRECT LIFE INSURANCE COMPANY
OMAHA, NEBRASKA

Renewable and Convertible Level Term Life Insurance
CASH VALUE DEMONSTRATION

Form Number: DRC94541AR 09-10

All issue ages were tested to determine if cash values would develop under guaranteed premiums. Calculations were performed using Sungard iWorks Prophet. The 1980 Minimum Nonforfeiture method with continuous functions was used. The calculations were based on a 5.0% interest assumption and 100% of the 2001 CSO Ultimate mortality tables, distinct by sex and smoking status.

Using these assumptions, cash value testing was performed with the following contract characteristics:

Plan	Issue age limits	Classes
10 Year	20 through 50	Male/Female, Smoker & Non-smoker Classes
15 Year	20 through 50	Male/Female, Smoker & Non-smoker Classes
20 Year	20 through 50	Male/Female, Smoker & Non-smoker Classes
25 Year	20 through 50	Male/Female, Smoker & Non-smoker Classes
30 Year	20 through 45	Male/Female, Smoker & Non-smoker Classes

Using this methodology cash values generated at any issue age and duration combination did not exceed the de minimus amount.

Based upon the aforementioned test, I hereby certify that, to the best of my knowledge and belief, plans of insurance under this policy form comply with NAIC Standard Nonforfeiture Law for Life Insurance and Actuarial Guideline 22 and cash values are not required. In the future, we may change our cash value calculation method and assumptions as long as they are in compliance with the state's required method and assumptions.



Shawn T. Loftus, FSA, MAAA
VP, Product Pricing
USAA Direct Life Insurance Company

August 13, 2010

Date